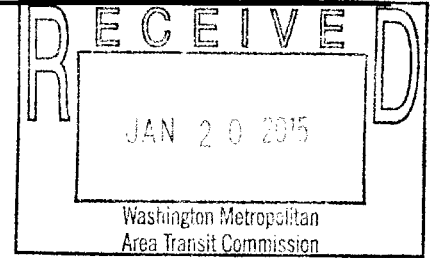


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

411	Newton Bus Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6838 Belroi Road		Gloucester	VA	23061-3827
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(804) 693-2521		(804) 693-7542	sales@charteredbus.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

121053			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Kara Jones	Accountant
*Name	*Title
(804) 693-2521	(804) 693-7542 sales@charteredbus.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

United Motorcoach Association	(800) 424-8262
Name of Registered Agent for Service of Process	Telephone E-mail
113 South West St., 4th Floor	Alexandria VA 22314-2824
Agent Address (must be inside Metropolitan District)	Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No Changes

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information. - See Attached -

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Kara Jones
*Name (type or print)

Accountant
*Title (not required for sole proprietors)

Kara Jones
*Signature

01/06/2015
*Date

BUS NO.	YEAR/MAKE	SERIAL NO.	VIRGINIA LICENSE PLATE	SEATING CAPACITY	WHEELCHAIR LIFT
125	1996 PREVOST	2PCL33493T1025787	NO TAGS	55	NO
162	1992 PREVOST	2P9L33404N1001475	NO TAGS	47	NO
163	1992 PREVOST	2P9L3340XN1001478	NO TAGS	47	NO
170	1990 PREVOST	2P9L33408L1001640	NO TAGS	47	NO
171	1994 PREVOST	2P9L33409R1001820	E35459	46	NO
172	1994 PREVOST	2P9L33406R1001824	H510874	46	NO
176	1995 PREVOST	2P9L33493S1001574	E36954	55	NO
178	1996 PREVOST	2PCL33490T1025858	NO TAGS	55	NO
179	1996 PREVOST	2PCL33495T1025872	NO TAGS	55	NO
180	1997 PREVOST	2PCL3349XV1026115	NO TAGS	55	NO
181	1997 PREVOST	2PCL3349XV1026117	NO TAGS	54	NO
182	1997 PREVOST	2PCL33491V1026150	E36962	55	NO
183	1998 PREVOST	2PCL33491W1026473	E36642	55	NO
184	1998 PREVOST	2PCL33499W1026477	E36634	55	NO
195	2000 PREVOST	2PCX33493Y1027287	E35444	55	NO
196	2000 PREVOST	2PCX33493Y1027304	E35595	55	NO
199	2001 PREVOST	2PCX3349511027605	E35621	55	NO
200	2001 PREVOST	2PCX3349011027611	E35625	55	NO
206	2009 MCI	1M86DMHA39P058810	E36612	55	NO
207	2010 MCI	1M86DMHA6AP059244	E36614	55	NO
208	2014 MCI	2MG3JM8A9EW066579	E36650	56	YES

